



STATE OF ARKANSAS  
OFFICE OF THE GOVERNOR

Mike Huckabee  
*Governor*

### **The Executive Clemency Process**

Executive clemency is not a right but a discretionary duty of the governor that can be denied for any reason. An applicant for executive clemency should understand that the process can take months to complete. Some factors the governor considers are:

- Nature of the crime:
- Number of offenses the offender committed:
- Number of years that have passed since the crime was committed:
- Institutional record of an inmate:
- Attitude of the applicant:
- Objections or support from the victims, the victim's family, the community, law enforcement, judges and prosecutors:
- Accomplishments since the crime occurred, and:
- Probability that the applicant will commit another crime.

An application must be reviewed by the Post Prison Transfer Board, and will then be reviewed by the governor in the order that it was reviewed by the board. The governor does not review files taken out of turn.

Applying for executive clemency takes many man-hours of preparation. Information must be compiled and presented in a readable fashion. The applicant's assistance is crucial. Full cooperation in the preparation of the file will reflect the applicant's worthiness for clemency.

If the applicant is incarcerated, the judgment and commitment order are already on file with the Department of Correction and will be provided.

An applicant who is not incarcerated should go to the sentencing court and request a certified copy of the judgment and commitment order. If these are no longer available, ask the clerk of the court to sign the attached **Certificate of Attempt to Obtain Information** that shows that the applicant attempted to obtain these documents. This certificate is found on the last page of this packet. **These documents should be included with the application.** These documents may be obtained from the court of conviction. This means that an applicant should contact the courthouse in the county where they were charged in order to get a copy of their judgment and commitment order.

An applicant who is legally required to register as a sex offender should provide a copy of the latest risk assessment, which can be obtained from the local sheriff's office. **These documents should be included with the application.**

If an applicant wishes his or her medical records to be reviewed or is claiming to have a life threatening illness that warrants review but does not qualify them for Act 290, they should sign a medical records release that complies with HIPPA regulations allowing the governor, the Post Prison Transfer Board and their staffs' permission to review their medical history.

An attorney is not required to complete this application. If an applicant retains an attorney, the attorney must be present at any meeting with the governor or his staff and should initiate any necessary communication on behalf of the applicant. If contact is made in violation of these rules, it will be reflected in the applicant's file. The applicant must indicate on the application if an attorney is assisting in the process.

The application must be sent to the address provided on the **Executive Clemency Instruction Sheet**. **The application must not be returned to the governor.**

The governor's office does not give legal advice. Family members or friends can assist in the preparation of the application; however, it must be signed by the applicant and notarized.

The governor relies on the recommendation of the Post Prison Transfer Board. If the board recommends the governor deny the application he will probably follow that recommendation. If the board recommends the governor grant the application, he may still deny it. The applicant should not petition the governor for consideration unless the application has already been reviewed by the board and sent to the governor's office. There is no appeal process for clemency. If the application is denied in writing, that decision is final.

If the applicant or others wish for a meeting with the governor's staff concerning a clemency application, this may be extended as courtesy only. Any person wanting a meeting should submit, in writing, their request. The meeting must be held at the State Capitol. It will be limited in time and no more than four adults will be allowed to attend. No minors can attend the meeting. The meeting can be terminated at any time. **Inmates or 309 trustees cannot meet with the governor's staff.**

## EXECUTIVE CLEMENCY APPLICATION INSTRUCTION SHEET

The Arkansas Constitution establishes the authority of the governor to grant executive clemency, which includes commutations, pardons, and remissions of fines and forfeitures. Arkansas law and the policies of the Governor and the Post Prison Transfer Board regulate the manner in which executive clemency applications are considered.

The purpose of a commutation is to reduce a sentence imposed by the court to a lesser term or to time served. The purpose of a pardon is to restore rights that may have been lost as a result of a criminal conviction, including firearms rights. *(Do not include page 11 of the application when applying for a commutation or pardon.)*

The purpose of restoration of firearms rights only is to allow the governor to restore the firearms rights of the individual without the benefit of a pardon. Qualifications for restoration of firearms rights only are that the felony occurred more than eight (8) years ago and no weapon was involved in the crime. **When applying for restoration of firearms rights only, you must include the entire application as well as the “Recommendation of Chief Law Enforcement Officer” found on page 11 of this application.**

The Governor of Arkansas can grant executive clemency only for convictions received in Arkansas courts. Only the president can grant executive clemency for federal court convictions. If you have convictions from other states, you should contact the appropriate official(s) in those states.

The attached form must be filled out as completely and honestly as possible. **Please send the completed application to:**

**POST PRISON TRANSFER BOARD  
c/o INSTITUTIONAL PAROLE SERVICES  
ARKANSAS DEPARTMENT OF COMMUNITY CORRECTION  
P. O. BOX 8707  
PINE BLUFF, AR 71611**

Please feel free to attach any correspondence or extra materials that you feel will help present your case. You may also include letters of support. The governor and/or the Post Prison Transfer Board will contact the State Police, the FBI, the sentencing court, the prosecuting attorney, and others to verify the information you provide. Incorrect information will be grounds for denial. The Board will review your case and forward it to the Governor for final action. The entire process can take from ten to twelve months.

In accordance with the Arkansas law, the governor must give notice of his intent to grant executive clemency (pardons, commutations, or restoration of firearms rights only) to assure opportunity for public comment before his final decision is made. The notice will be furnished to the media. The notice does not preclude the governor from later denying your application.

**Note: The right to vote is restored to a convicted felon once his sentence is discharged, pursuant to Amendment 51 of the Arkansas Constitution. Please check with your county clerk for further information about voting.**



STATE OF ARKANSAS  
OFFICE OF THE GOVERNOR  
**EXECUTIVE CLEMENCY APPLICATION**

Mike Huckabee  
*Governor*

Please use blue or black ink when completing the application.

**Note: By submitting this application you consent to the release of the information contained therein and waive any privacy protections or other privileges to the furthest extent allowable by state and federal law.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Race/Sex: \_\_\_\_\_  
City: \_\_\_\_\_ ADC or DCC #: \_\_\_\_\_  
(If applicable)  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

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Person preparing the application (if other than yourself):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Is the person preparing the application an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_ Arkansas Bar # \_\_\_\_\_

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I AM APPLYING FOR:

- \_\_\_ **COMMUTATION** (time cut) (Please continue on Page 5)  
\_\_\_ **PARDON** (Please continue on Page 6)  
\_\_\_ **FIREARM RESTORATION ONLY** (Please continue on Page 6)

**My reason(s) for applying for a commutation of my sentence (time cut):**

Place an **X** next to the appropriate space below:

1. \_\_\_\_\_ I wish to correct an injustice which may have occurred during the trial. I have attached letters or other documentation that will support this claim. If you wish to attach an explanation or statement to this application, it will be considered as a part of the application. Discuss results of appeals or Rule 37 or other post-conviction proceedings in an attached statement.
2. \_\_\_\_\_ I have a life-threatening medical condition which does not qualify for Act 290. I have attached a statement explaining my condition. Your medical statement will be validated by ADC or DCC Medical Services before being sent to the Post Prison Transfer Board. You must provide a medical information release in order for us to view your medical records.
3. \_\_\_\_\_ I want to adjust what may be considered an excessive sentence.
4. \_\_\_\_\_ My institutional adjustment has been exemplary and the ends of justice have been achieved.

**NOTE:**

- A. All supporting documentation must be available when the Board considers your application.
- B. The Board will ordinarily not consider your application if your case is currently being appealed or if a Rule 37 petition or other petition of post-conviction relief is pending.
- C. If your application is based on your belief that your sentence is excessive or that your institutional adjustment has been exemplary and the ends of justice have been achieved, the application will ordinarily be denied if you have not served the portion of your sentence indicated by the following table:

Life Sentence	20 years
Over 30 years	7 years
25 - 30 years	6 years
22 - 24 years	5 years
19 - 21 years	4 years
16 - 18 years	3 years
11 - 15 years	2 years
Below 11 years	1 year

If you believe that this table should not apply in your case, you should petition the Post Prison Transfer Board, in writing, for a waiver of these rules.

GENERAL INFORMATION:

1. Give the full name under which you were convicted and any alias names you have used:

\_\_\_\_\_

2. List all crime(s) for which you have been convicted, the county of conviction, date of conviction, docket number, and sentence that you wish to be considered for executive clemency. (Sentence may include fines, probation\*, suspended sentence or time incarcerated in the Arkansas Department of Correction or the Department of Community Correction.).

Crime(s)	County	Conviction Date	Docket #	Sentence

NOTE: Please attach a separate sheet if necessary to include all offenses.

\* Please include a copy of any orders of probation or suspended sentence you may have received.

3. Are you currently:

\_\_\_ serving a sentence in the ADC or DCC? Discharge date: \_\_\_\_\_  
\_\_\_ on parole? Discharge date: \_\_\_\_\_  
\_\_\_ on probation? Discharge date: \_\_\_\_\_  
\_\_\_ serving a suspended sentence? Discharge date: \_\_\_\_\_  
\_\_\_ discharged from your sentence? Discharge date: \_\_\_\_\_

4. Do you want to have your rights to possess a gun restored? Yes\_\_\_ No \_\_\_

5. Were other persons also involved in the crime? Yes \_\_\_ No \_\_\_

If yes, list the names of your accomplices and what, if any, sentences they received.

\_\_\_\_\_  
\_\_\_\_\_

6. Concerning the facts of the crime, briefly explain what happened.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What is your reason for requesting executive clemency at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CRIMINAL HISTORY:

List all other crimes; juvenile, misdemeanor, DWI, traffic violations, etc, or crimes committed outside the state of Arkansas, you were found guilty of but are not requesting clemency for. Do not include convictions listed in response to question 2 above.

Crime(s)	County/State	Conviction Date	Docket #	Sentence

ARE YOU A SEX OFFENDER THAT IS CURRENTLY REQUIRED TO REGISTER BY LAW?

Yes \_\_\_ No \_\_\_ (If your answer is yes, you must submit your most recent risk assessment with this application. This can be obtained from your sheriff's office.)

Crime(s)PERSONAL BACKGROUND:

1. Are you:  
Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_  
If married, what is your spouse's full name? \_\_\_\_\_  
When and where were you married? \_\_\_\_\_

2. For any previous marriages, list the following information:

Name of Spouse	Date of Marriage	Date Marriage Ended	Reason (divorce, death, etc.)
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_____	_____	_____	_____
_____	_____	_____	_____

3. How many children do you have? \_\_\_\_\_. List the following information:

Name	Age	Address
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_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Have you ever served in the Armed Forces? Yes \_\_\_ No \_\_\_

If so, which branch? \_\_\_\_\_

What type of discharge did you receive? Honorable \_\_\_ Dishonorable \_\_\_ Medical \_\_\_ Other \_\_\_

EDUCATIONAL BACKGROUND:

List the following information about all schools you have attended, including any vocational-technical training:

Name & Address of School	Date of Attendance	Highest Grade Completed/Degree

EMPLOYMENT BACKGROUND:

1. Please provide the following information about your current job:

Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

When were you hired: \_\_\_\_\_

Give a brief description of your job responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If you are currently unemployed, but on disability, please list how you became disabled (work-related injury etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. For previous jobs you have held, list the following information:

Name & Address of Employer	Type of work	Dates employed	Reason for Leaving



MISCELLANEOUS INFORMATION:

1. How is your health?    Excellent \_\_\_    Good \_\_\_    Fair \_\_\_    Poor \_\_\_
2. Have you ever been confined to a mental hospital?    Yes \_\_\_    No \_\_\_  
If yes, list the following information:  

Name & Address of Institution	Date committed	Date released
<hr/>		
<hr/>		
3. Do you use any type of drugs, including prescription drugs?    Yes \_\_\_    No \_\_\_  
If yes, list the type of drugs and the reason for their use:  

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Would you willingly submit to a drug test at your expense?    Yes\_\_\_    No\_\_\_
4. Do you use alcohol?    Yes\_\_\_    No \_\_\_  
If yes, how often:    Periodically \_\_\_    Regularly \_\_\_    Socially \_\_\_    Heavily \_\_\_
5. Have you ever received treatment for alcohol or drug problems (example: Alcoholics Anonymous)?    Yes \_\_\_    No \_\_\_?  
If yes, please provide a brief explanation: \_\_\_\_\_  

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6. Do you currently owe any fines or restitution for the crimes you were convicted?  
Yes\_\_\_    No \_\_\_  
If you have paid your fines or restitution, please include a copy of your receipt showing that they have been paid in full.

REFERENCES:

List three (3) people not related to you who have not been convicted of any felonies who have known you for at least five (5) years:

Name	Address/City/State/Zip	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**By signing and submitting this application, I hereby swear or affirm that the information provided is true and accurate to the best of my knowledge and hereby waive any state or federal privacy protections or other privileges to the extent allowable by law:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of application

*Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.*

\_\_\_\_\_  
*Notary Public*

*My commission expires:*

\_\_\_\_\_

Do Not Complete This Page If Applying for a Pardon

\*\*\*\*\* FOR RESTORATION OF FIREARM RIGHTS ONLY \*\*\*\*\*

**RECOMMENDATION OF CHIEF LAW ENFORCEMENT OFFICER**

I, \_\_\_\_\_, hereby recommend  
\_\_\_\_\_ for the restoration of his/her right to own and possess  
firearms and certify that he/she is of good standing and is deserving of this restoration of rights. In  
accordance with Arkansas Code Annotated § 5-73-103, I confirm that the crime occurred more than eight  
(8) years ago and no weapon was involved in the commission of the crime. This person currently resides at  
\_\_\_\_\_  
within my jurisdiction and has lived within my jurisdiction since \_\_\_\_\_.

SHERIFF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
OR  
CHIEF OF POLICE \_\_\_\_\_  
CITY OF \_\_\_\_\_

*Subscribed and sworn to me this* \_\_\_\_\_ *day of* \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

*My commission expires:*

\_\_\_\_\_  
rc: 05/17/2004

### **Certificate of Attempt to Obtain Information**

I, \_\_\_\_\_, the circuit/county clerk of \_\_\_\_\_ County was approached by \_\_\_\_\_ (applicant's name) in an attempt to obtain a certified copy of his or her judgment and commitment papers for the purpose of applying for executive clemency. After a good faith effort, a copy of these records cannot be obtained for submission.

\_\_\_\_\_  
Circuit/County Clerk or Authorized Deputy

\_\_\_\_\_  
County Seal